

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

10/1560961

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2	1					
3	1					
4	1					
5	4					
6	4					
7	0					
8	0					
9	0					
10	0					
11	0					
12	1					
13	1					
14	1					
15	1					
16	4					
17	1					
18	1					
19	1					
20	1					
21	1					
22	1					
23	2					
24	2					
25	1					
26	1					
27	2					
28	1					
29	1					
30	1					
31	1					
32	1					
33	1					
34	1					
35	1					
36	1					
37	1					
38	2					
39	2					
40	0					
41	0					
42	0					
43	0					
44	0					
45	0					
46	0					
47	0					
48	0					
49	0					
50	0					
TOTAL IND.	2		↓		↓	↓
TOTAL DEP.	9		←		←	←
TOTAL CLAIMS	11					

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
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97						
98						
99						
100						
TOTAL IND.			↓		↓	↓
TOTAL DEP.			←		←	←
TOTAL CLAIMS						